

**UNITED STATES DISTRICT COURT**  
**NORTHERN DISTRICT OF CALIFORNIA**  
**OAKLAND DIVISION**

IN RE: SOCIAL MEDIA ADOLESCENT  
ADDICTION/PERSONAL INJURY  
PRODUCTS LIABILITY LITIGATION,

MDL No. 3047

Case No. 4:22-MD-03047-YGR

**PLAINTIFF FACT SHEET**

This Document Relates to:

Full Name of Plaintiff (First, Middle, and Last):

Case Caption and Civil Action No.:

**PLAINTIFF FACT SHEET**

Please provide the following information for each plaintiff who claims that use of Defendants' platforms (Facebook, Instagram, Snapchat, TikTok, and YouTube) caused them (or a person who died) injury as alleged in the above-captioned litigation.

In completing this Plaintiff Fact Sheet, you are under oath and must provide information that is true and correct to the best of your knowledge. If you cannot recall all of the details requested, provide as much information as you can, including by review of documents or materials in your or your attorneys' custody or possession. Be as specific as possible in all of your answers. If you cannot recall a specific date requested, provide the approximate date to the best of your recollection. For example, if you recall the year and month of an event, but not the day, complete the year and month, but enter "00" for the day.

This Plaintiff Fact Sheet is an electronic version that expands to accommodate as much information as is necessary to fully answer any of these questions, including by adding rows or columns to tables. You must fill out the applicable appendix for each entity you have named as a Defendant. Please do not leave any questions unanswered or blank.

You may and should consult with your attorney if you have any questions regarding the completion of this form.

*This Plaintiff Fact Sheet constitutes discovery responses subject to Federal Rules of Civil Procedure. This Plaintiff Fact Sheet and the information provided herein will be used only for*

*this litigation and is designated Confidential under the Protective Order. Plaintiffs do not concede the relevance or admissibility of any of the information herein.*

I. **CASE INFORMATION**

A. Name of the court in which the complaint was initially filed:

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B. Case number in court in which complaint was originally filed:

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C. Are you alleging in this case that you began using Facebook, Instagram, Snapchat, TikTok, or YouTube when you were under thirteen years old?

*[Click here to select your answer.]*

**\*\*IMPORTANT\*\***

**DEFINITION OF “RELEVANT TIME PERIOD”**

If your answer to question I.C. is “YES,” then the phrase “Relevant Time Period” throughout this Plaintiff Fact Sheet means from the time you turned **SEVEN (7) years old to today.**

If your answer to question I.C. is “NO,” then the phrase “Relevant Time Period” throughout this Plaintiff Fact Sheet means from the time you turned **TEN (10) years old to today.**

II. **REPRESENTATIVE CAPACITY**

*Only complete this section if you have filed this lawsuit on behalf of a minor, someone who died, or a person who lacks capacity to complete it on their own. When you complete this section of this form (Section II, “Representative Capacity”), “you” refers to the person filling out this form. When you complete the rest of this form “you” refers to the person you are representing.*

A. Name of individual completing this Fact Sheet: \_\_\_\_\_

B. Your current address: \_\_\_\_\_

C. What is your relationship to the person upon whose behalf you are completing this Fact Sheet (e.g., parent, guardian, Estate Administrator)?

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- D. Did the person on whose behalf you are completing this Fact Sheet participate in completing this Fact Sheet?

*[Click here to select your answer.]*

1. **If no**, did the person on whose behalf you are completing this Fact Sheet decline to participate?

*[Click here to select your answer.]*

- E. If you represent the estate of someone who died or serve as a successor-in-interest, do you contend that use of Defendants' platforms caused or contributed to that person's death?

*[Click here to select your answer.]*

- F. Have you ever used any Defendant's reporting features to report a negative experience on that platform by the person on whose behalf you are completing this Fact Sheet?

*[Click here to select your answer.]*

1. **If yes**, please provide the following information:

Platform Involved (select one)	How Many Times Did You Report	Approximate Dates of Report
<input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Snapchat <input type="checkbox"/> TikTok <input type="checkbox"/> YouTube		

### III. **PERSONAL INFORMATION**

*If you are completing this Fact Sheet for someone else, assume that "you" means the person who used and was allegedly harmed by Defendants' platforms.*

- A. Legal name: \_\_\_\_\_

- B. Other names by which you have been known (including maiden names, if any):

\_\_\_\_\_

- C. Gender: \_\_\_\_\_

- D. Social Security Number:

\_\_\_\_\_

- E. Date of birth: *[Click or tap to enter a date.]*
- F. List all addresses where you lived for the last six (6) years. Include addresses where you lived while at school, if you lived away from home for school (e.g., boarding school or college). For each address, provide the approximate dates you resided at each location:

Address	Date Range of Residence

- G. **Household Information.** Provide the name of all adults who resided in the same household as you for all the addresses you listed above in III.F.

Name	Relationship to You	Date Range the Individual Resided with You

H. **Educational History.**

Provide the following information about your education for the Relevant Time Period:

1. **Primary and Secondary Schools Attended.**

Name of School or Educational Institution	City and State	Dates of Attendance	Grade(s) Completed

2. **Post-Secondary Schools (e.g., Colleges, Trade Schools, Graduate Schools), or Other Educational Institutions, Attended.**

Name of School or Educational Institution	City and State	Dates of Attendance	Degree Awarded	Major or Primary Field

3. During the Relevant Time Period, have you ever been subject to disciplinary action (i.e., detention, in-school suspension, out-of-school suspension, expulsion) by any school or other educational institution?

*[Click here to select your answer.]*

- (a) **If yes**, provide the following information for each incident of disciplinary action to the best of your recollection:

Name of School or Educational Institution	Date of Disciplinary Action	Type of Disciplinary Action (select all that apply)	Grounds for Disciplinary Action
		<input type="checkbox"/> Detention <input type="checkbox"/> In-School Suspension <input type="checkbox"/> Out-of-School Suspension <input type="checkbox"/> Expulsion	

**I. Previous Interactions with Law Enforcement and the Legal System.**

1. Have you ever been convicted, as an adult, of a felony or a crime involving fraud or dishonesty?

*[Click here to select your answer.]*

- (a) **If yes**, please answer all of the following questions that apply to you for each instance:

<b>Charge(s)</b>	
<b>Court Where Action Was/Is Pending</b>	
<b>Date of Conviction</b>	<i>[Click or tap to enter a date.]</i>
<b>Sentence Imposed</b>	

2. Have you ever been subject to a juvenile delinquency proceeding?

*[Click here to select your answer.]*

3. To the best of your knowledge, has any individual who regularly cared for you ever been convicted of a crime related to your care?

*[Click here to select your answer.]*

**IV. ABUSE / VIOLENCE / DISCRIMINATION**

- A. Have you ever been the victim of discrimination or harassment on the basis of race/ethnicity, national origin, sex, sexual orientation, gender identity, transgender status, or disability?

*[Click here to select your answer.]*

1. **If yes**, please select one of the following options to indicate when the discrimination or harassment occurred:

*[Click here to select your answer.]*

- B. Have you ever been the victim of bullying, cyberbullying, verbal abuse, or emotional neglect?

*[Click here to select your answer.]*

1. **If yes**, please select one of the following options to indicate when the bullying, cyberbullying, verbal abuse, or emotional neglect occurred:

*[Click here to select your answer.]*

- C. Have you ever been the victim of physical abuse, physical assault, or physical neglect?

*[Click here to select your answer.]*

1. **If yes**, please select one of the following options to indicate when the physical abuse, physical assault, or physical neglect occurred:

*[Click here to select your answer.]*

- D. Have you ever been the victim of rape, sexual abuse, or sexual assault?

*[Click here to select your answer.]*

1. **If yes**, please select one of the following options to indicate when the rape, sexual abuse, or sexual assault occurred:

*[Click here to select your answer.]*

- E. Have you ever experienced violence or threats of violence (e.g., a shooting, a threatened shooting, or a bombing) in a school, place of worship, your home, or other place?

*[Click here to select your answer.]*

1. **If yes**, please select one of the following options to indicate when the violence or threats of violence occurred:

*[Click here to select your answer.]*

- F. Have you ever been the victim of a crime against your person not listed above?

*[Click here to select your answer.]*

1. **If yes**, please select one of the following options to indicate when the crime against your person occurred:

*[Click here to select your answer.]*

V. **EMPLOYMENT AND MILITARY HISTORY**

- A. Complete the chart below detailing your current employment and all prior employment from when you were fourteen years old through today. Please include any part-time jobs.

Employer	City and State	Date Range of Employment (Month/Year to Month/Year)	Occupation/ Position/Title	Was Your Reason for Leaving Related to Medical, Physical, Psychiatric, Psychological, or Emotional Reasons?
				<i>[Click here to select your answer.]</i>

- B. Have you ever served in any branch of the military?

*[Click here to select your answer.]*

1. **If yes**, provide the following information:

- (a) Branch of service: \_\_\_\_\_
- (b) Rank upon discharge: \_\_\_\_\_
- (c) Type of discharge: \_\_\_\_\_

VI. **MEDICAL BACKGROUND**

*You must complete and execute the attached authorization to release your medical records and answer the following questions.*

- A. For the Relevant Time Period, identify each healthcare provider that you saw on an outpatient basis for any physical, mental, or neurodevelopmental condition that lasted more than three months. Include all doctors, psychiatrists, dieticians, nutritionists, neuropsychologists, psychologists, therapists, licensed clinical social workers, nurse practitioners, and physician assistants. *If you saw multiple health care providers within the same medical practice, you are not required to list each doctor, nurse practitioner, or physician assistant you may have seen as part of that group; rather, include the name of the health care provider you primarily saw at the medical practice, and identify the medical specialties of all healthcare providers you saw.*

Name of Medical Practice or Provider	Specialty	Provider's Address, Phone Number, and Email	Date Range as Patient	Condition/Reason for Consultation

- B. Identify every **hospital, clinic, or facility** where you were admitted as an in-patient or presented for an emergency room visit for any physical, mental, or neurodevelopmental condition or treatment/surgery during the Relevant Time Period. *You may exclude emergency room visits for common colds, viruses, or high fevers.*

Dates of ER Visit or Hospital Admission and Discharge	Name and Address of Facility	Reason for Admission	Treatment Received

- C. List **all** prescription anti-depressants, anti-anxiety medications, anti-psychotic medications, and other medications for the treatment of any mental health problem that you took for three (3) months or more during the Relevant Time Period:

Medication	Date Range of Use	Prescribing Physician or Healthcare Provider (Name, Address, and Phone Number)	Pharmacy Used (Name, Address, and Phone Number)
<i>[Click here to select or write in a medication.]</i>			

- D. Except for those pharmacies identified in your response to question VI.C, identify every pharmacy that has dispensed medication to you during the Relevant Time Period:

Name of Pharmacy	Address and Phone Number	Name of Medication(s) Dispensed	Date Range You Used Pharmacy



- E. Please identify whether you have ever experienced the following conditions and provide the requested information.

<b>Injury, Illness, or Condition (check all that apply)</b>	<b>Date Injury, Illness or Condition Began</b>	<b>If Not Ongoing, Date Injury, Illness, or Condition Ended</b>
<input type="checkbox"/> Anxiety	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Depression	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Body dysmorphia <sup>1</sup>	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Anorexia	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Bulimia	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Binge Eating Disorder	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Other eating disorder (specify): _____	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Sleep disorder(s)	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Self-harm	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Suicidal thoughts	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Suicide attempt(s)	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Death by suicide	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Other Injury You Attribute to Conduct of a Defendant (specify): _____	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>

## VII. ALLEGED INJURIES, ILLNESSES, AND CONDITIONS

- A. Identify all physical and mental injuries, illnesses, or conditions that you allege were caused or worsened by Defendant's platforms.

<b>Injury, Illness, or Condition (check all that apply)</b>	<b>Date Injury, Illness, or Condition Began</b>	<b>If Not Ongoing, Date Injury, Illness, or Condition Ended</b>
<input type="checkbox"/> Social media addiction	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Anxiety	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Depression	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Body dysmorphia <sup>2</sup>	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>

<sup>1</sup> An unreasonable preoccupation with an imagined defect in appearance that causes clinically significant distress or impairment in social, occupational or other areas of functioning.

<sup>2</sup> An unreasonable preoccupation with an imagined defect in appearance that causes clinically significant distress or impairment in social, occupational or other areas of functioning.

<input type="checkbox"/> Anorexia	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Bulimia	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Binge Eating Disorder	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Other eating disorder (specify): _____	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Sleep disorder(s)	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Self-harm	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Suicidal thoughts	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Suicide Attempt(s)	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Death by suicide	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>
<input type="checkbox"/> Other Injury You Attribute to Conduct of a Defendant (specify): _____	<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>

**B. Diagnosis of Alleged Injuries, Illnesses, or Conditions**

1. Have you been diagnosed by a healthcare professional for any injury, illness, or condition identified in VII.A?

*[Click here to select your answer.]*

- (a) **If yes**, please provide the following information:

<b>Injury, Illness, or Condition Diagnosed (list all that apply)</b>	<b>Name of Diagnosing Provider/Facility/Counselor</b>	<b>Address of Provider/Facility/Counselor</b>

**C. Treatment of Alleged Injuries, Illnesses, or Conditions**

1. Have you sought medical treatment for any of the injury, illness, or condition identified in VII.A? Medical treatment includes counseling or therapy sought for psychological, psychiatric, mood, or behavioral disorders or conditions, as well as social, emotional, or other related services at a community health center, school, or other educational institution you attended.

*[Click here to select your answer.]*

(a) **If yes**, please provide the following information:

<b>Injury, Illness, or Condition Treated (list all that apply)</b>	<b>Name of Provider/Facility/Counselor</b>	<b>Address of Provider/Facility/Counselor</b>	<b>Date Range of Treatment</b>	<b>Treatment Received</b>

2. Have you been hospitalized or received in-patient treatment for any of the injury, illness, or condition identified in VII.A?

*[Click here to select your answer.]*

(a) **If yes**, please provide the following information:

<b>Injury, Illness, or Condition Treated (list all that apply)</b>	<b>Type of Facility</b>	<b>Name and Address</b>	<b>Date of Admission</b>	<b>Date of Discharge</b>	<b>Treatment Received</b>
	<i>[Choose an item.]</i>		<i>[Click or tap to enter a date.]</i>	<i>[Click or tap to enter a date.]</i>	

3. Has any physician or other healthcare provider told you that any injury, illness, or condition identified in VII.A is related to your use of any of Defendants' platforms? *You do not need to list any retained expert witnesses.*

*[Click here to select your answer.]*

(a) **If yes**, provide the physician's or healthcare provider's name and address and the approximate date of that discussion:

<b>Healthcare Provider's Name</b>	<b>Address</b>	<b>Approximate Date of Discussion</b>
		<i>[Click or tap to enter a date.]</i>

VIII. **INSURANCE**

- A. Provide the following information for each private or public health insurance program with whom you had health insurance coverage during the Relevant Time Period. Include all private insurance and public assistance, if applicable:

Name and Address of Insurance Company or Public Assistance	Policy Number	Name of Policy Holder	Approx. Dates of Coverage

IX. **ALCOHOL, TOBACCO, AND DRUG USE**

## A. Alcohol

1. During the Relevant Time Period, have you consumed alcohol regularly (i.e., once or more per week)?

*[Click here to select your answer.]*

2. Have you ever sought treatment or been given a professional recommendation or referral for treatment for alcohol addiction?

*[Click here to select your answer.]*

3. Have you ever received treatment for alcohol addiction?

*[Click here to select your answer.]*

(a) If yes, when? \_\_\_\_\_

## B. Tobacco

1. During the Relevant Time Period, have you used tobacco (including cigarettes, cigars, pipes, chewing tobacco/snuff, vaping devices, dissolving tobacco, hookah, and/or electronic cigarettes) regularly (i.e., once or more per week)?

*[Click here to select your answer.]*

2. Have you ever sought treatment or been given a professional recommendation or referral for treatment for a tobacco-related addiction?

*[Click here to select your answer.]*

3. Have you ever received treatment for a tobacco-related addiction?

*[Click here to select your answer.]*

(a) If yes, when? \_\_\_\_\_

C. Drugs

1. During the Relevant Time Period, have you consumed or ingested (in any manner, including swallowing, smoking, snorting, injecting, or using suppositories) recreational drugs (i.e., legal or illegal drugs used without medical supervision)?

***[Click here to select your answer.]***

2. Have you ever sought treatment or been given a professional recommendation or referral for treatment related to drug use?

***[Click here to select your answer.]***

3. Have you ever received treatment related to drug use?

***[Click here to select your answer.]***

(a) If yes, when? \_\_\_\_\_

D. Video Games

1. Have you played video games during the Relevant Time Period?

***[Click here to select your answer.]***

(a) **If yes**, provide the following information:

- (i) At any point during the Relevant Time Period, did you play video games more than two hours per day or 14 hours per week?

***[Click here to select your answer.]***

- (ii) Have you ever sought treatment or been given a professional recommendation or referral for treatment related to gaming?

***[Click here to select your answer.]***

- (iii) Have you ever received treatment related to gaming?

***[Click here to select your answer.]***

(A) If yes, when? \_\_\_\_\_

E. Gambling

1. During the Relevant Time Period, have you engaged in gambling regularly (i.e., once or more per week)

*[Click here to select your answer.]*

2. Have you ever sought treatment or been given a professional recommendation or referral for treatment related to gambling?

*[Click here to select your answer.]*

3. Have you ever received treatment related to gambling?

*[Click here to select your answer.]*

(a) If yes, when? \_\_\_\_\_

- F. Have you ever received treatment for any other addiction?

*[Click here to select your answer.]*

1. **If yes**, please indicate the addiction(s) for which you received treatment:

\_\_\_\_\_

## X. **DAMAGES**

- A. Are you claiming any lost wages or earning capacity?

*[Click here to select your answer.]*

1. **If yes**, please provide the following information:

- (a) Provide your annual income for each year during the period beginning at age fourteen (14) through today:

Year	Gross Annual Income

- (b) From age 14 to today, has any doctor told you that you should not work for some period of time as a result of the injuries you allege in this case?

*[Click here to select your answer.]*

- (i) **If yes**, state the name(s) and address(es) of such health care provider(s):

\_\_\_\_\_

- (c) From age 14 to today, have you quit or taken a medical leave(s) of absence from any job as a result of the injuries you allege in this case?

***[Click here to select your answer.]***

- (i) **If yes**, identify each employer from which you quit or took leave and when:

- B. Do you claim medical expenses (including for mental health, psychiatric, psychological, or other treatment) as a result of the injuries you allege in this case?

***[Click here to select your answer.]***

1. **If yes**, please approximate the total amount of medical expenses you are claiming:

- C. Do you claim your education was disrupted (e.g., disciplinary issues, impact on grades, impact on attendance, etc.) as a result of your use of Defendants' platforms?

***[Click here to select your answer.]***

1. **If yes**, answer the following:

- (a) During the Relevant Time Period, have you ever received remedial or supplemental academic, social, or emotional services at a community center, school, or educational institution you attended?

***[Click here to select your answer.]***

- (i) **If yes**, provide the following information:

Name of Community Center, School, or Educational Institution	Date Range of Services	Description of Services Provided
		<b><i>[Click here to make your selection.]</i></b>

- D. Is anyone claiming loss of consortium and/or loss of services as a result of your use of Defendants' platforms?

***[Click here to select your answer.]***

1. **If yes**, please identify all persons claiming loss of consortium and/or loss of services, to the best of your knowledge, and your relationship to each person (e.g., spouse, child):

Name	Address	Relationship

XI. **ELECTRONICS USAGE**

- A. At what age did you first have regular access to a mobile phone, tablet, or computer (i.e. once per week or more)?

\_\_\_\_\_

XII. **SOCIAL MEDIA USE**

- A. Identify whether you used the following platforms (fill in all that apply), the age at first use, and the approximate dates of use:

Platform	Have You Used This Platform?	Age at First Use	Date Range of Use
Facebook	<i>[Click here to select your answer.]</i>		
Instagram	<i>[Click here to select your answer.]</i>		
Snapchat	<i>[Click here to select your answer.]</i>		
TikTok	<i>[Click here to select your answer.]</i>		
YouTube	<i>[Click here to select your answer.]</i>		

- B. To the best of your ability, please estimate your ***average*** usage of each Defendant's platform:

Platform	Average Number of Days Accessed Per Week	Average Number of Minutes Per Day on Days You Accessed	Average Number of Times Accessed Per Day on Days You Accessed
Facebook			
Instagram			



<b>Snapchat</b>			
<b>TikTok</b>			
<b>YouTube</b>			

- C. To the best of your ability, please estimate your *average nightly* usage of each Defendant's platform between the hours of 10:30 P.M. and 6 A.M.:

<b>Platform</b>	<b>Average Number of Nights Accessed Per Week</b>	<b>Average Number of Minutes Per Night on Nights You Accessed</b>	<b>Average Number of Times Accessed Per Night on Nights You Accessed</b>
<b>Facebook</b>			
<b>Instagram</b>			
<b>Snapchat</b>			
<b>TikTok</b>			
<b>YouTube</b>			

- D. To the best of your ability, please estimate your *peak* usage of each Defendant's platform:

<b>Platform</b>	<b>Age at Peak Usage</b>	<b>Approximate Minutes Per Day at Peak Usage</b>
<b>Facebook</b>		
<b>Instagram</b>		
<b>Snapchat</b>		
<b>TikTok</b>		
<b>YouTube</b>		

- E. For each Defendant's platform, have you ever created an account(s) with an incorrect date of birth or age?

1. Facebook *[Click here to select your answer.]*

2. Instagram *[Click here to select your answer.]*
3. Snapchat *[Click here to select your answer.]*
4. TikTok *[Click here to select your answer.]*
5. YouTube *[Click here to select your answer.]*

F. Have you used any other social media platforms?

*[Click here to select your answer.]*

1. **If yes**, identify the platform, the username(s) you used, the email address(es) you used, the approximate dates of use, your age at first use, and your best estimate of your average frequency of use:

Platform	Username(s)	Email Address(es)	Approximate Dates of Use	Age at Time of First Use	Average Frequency of Use When You Used This Platform
					<i>[Click here to select your answer.]</i>

G. If you have ever tried to delete or deactivate your Facebook, Instagram, Snapchat, TikTok, or YouTube account, provide the following information:

Platform	Delete or Deactivate?	Approximate Date of Attempt	Did You Succeed in deleting or deactivating your account?	If you successfully deactivated your account, did you later reactivate it?
<i>[Click here to select your answer.]</i>		<i>[Click or tap to enter a date.]</i>	<i>[Click here to select your answer.]</i>	

H. If you have ever used any of Defendants' platforms through another person's account, provide the following information regarding those accounts if known:

Platform	Account Username	Email Address Associated with Account (if known)	Accountholder's Name	Accountholder's Relationship to You	Date Range of Your Use of the Account
<i>[Click here to select your answer.]</i>					

- I. Have you ever used any app or electronic mechanism to keep content on a device private, such as Calculator+, Hide it Pro (HIP), Vault, AppLock, Secret Calculator?

*[Click here to select your answer.]*

1. If yes, identify the following information:

App or Mechanism Used	Approximate Date App Was Downloaded	Apps/Content Hidden in App	App Username (If Any)

- J. Have you ever been paid by a Defendant in connection with your use of their platform?

*[Click here to select your answer.]*

1. If yes, identify the platform(s): \_\_\_\_\_

- K. Do you claim injury or damage as a consequence of your participation in a “challenge” on any of Defendants’ platforms?

*[Click here to select your answer.]*

1. If yes, identify the following information:

Name of Challenge	Approximate Date You First Saw the Challenge Attempted	Platform(s) on Which You Observed and/or Participated in the Challenge	Injury or Damage Caused by the Challenge
	<i>[Click or tap to enter a date.]</i>	<input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Snapchat <input type="checkbox"/> TikTok <input type="checkbox"/> YouTube	

- L. Do you claim that any Defendant facilitated the spread of sexually explicit media depicting or relating to you?

*[Click here to select your answer.]*

1. If yes, identify the platform(s) on which this occurred:

Platform(s) Involved (select all that apply)
<input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Snapchat <input type="checkbox"/> TikTok <input type="checkbox"/> YouTube

2. Was any other person involved in facilitating the spread of sexually explicit media depicting or relating to you?

*[Click here to select your answer.]*

### XIII. **DEFENDANTS' PLATFORMS**

#### A. **Accessing Defendants' Platforms.**

1. What devices have you used on a routine basis to access Defendants' platforms?

<input type="checkbox"/> Personal phone	<input type="checkbox"/> Parent or guardian's phone	<input type="checkbox"/> School tablet or computer
<input type="checkbox"/> Personal tablet	<input type="checkbox"/> Friend or sibling's phone	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Personal computer	<input type="checkbox"/> Family tablet or computer	

2. Have you or anyone else placed or attempted to place restrictions on your access to Defendants' platforms on the devices listed above (e.g., through Screen Time, internet network, physical removal, etc.)?

*[Click here to select your answer.]*

- B. **Reporting on Defendants' Platforms.** If you have ever used any Defendant's reporting features to report a negative experience on that platform, provide the following information:

Platform Involved (select one)	How Many Times Did You Report	Approximate Dates of Report
<input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Snapchat <input type="checkbox"/> TikTok <input type="checkbox"/> YouTube		

### XIV. **FACT WITNESSES**

- A. Please identify the five individuals (including, but not limited to, family members, friends, educators, and employers) other than your attorney(s) and healthcare

providers who you believe possess the most significant information concerning:  
(1) your use of social media and (2) your claimed injuries, illnesses, and/or  
conditions:

Name	Address	Relationship to You	Information You Believe They Possess

## XV. AUTHORIZATIONS

*For all authorizations listed herein, the starting date for the records release is the beginning of the Relevant Time Period to today.*

### A. Authorizations for Release of Health Information Pursuant to HIPAA

Please provide a signed (but undated) Limited Authorization to Disclose Health Information Pursuant to HIPAA, attached as **Exhibit “A-1,”** and a signed (but undated) Limited Authorization to Disclose Psychological, Psychiatric and Other Mental Health Information, attached as **Exhibit A-2.**

### B. If you are claiming lost wages or earning capacity:

1. Please provide a signed (but undated) Authorization to Disclose Employment Records, attached as **Exhibit “B.”**
2. Please provide a signed (but undated) Authorization for Release of Workers’ Compensation Records, attached as **Exhibit “C.”**
3. Please provide a signed (but undated) Authorization for Release of Disability Claims Records, attached as **Exhibit “D.”**

### C. Authorization for Release of Educational Records

Please provide a signed (but undated) Authorization for Release of Educational Records, attached as **Exhibit “E.”**

### D. Authorization for Release of Insurance Records

Please provide a signed (but undated) Authorization to Disclose Insurance Information, attached as **Exhibit “F.”**

### E. Authorization for Release of Medicare and Medicaid Records.

Please provide a signed (but undated) Authorization for Release of Medicaid Information, attached as **Exhibit “G,”** and a signed (but undated) Medicare Authorization to Disclose Personal Health Information Form attached as **Exhibit H.**

**XVI. DOCUMENTS IN YOUR POSSESSION, CUSTODY, OR CONTROL**

*For each of the following questions, indicate whether you have any of the specified materials in your possession, custody, or control, and attach a copy of each document in your possession, custody, or control to this Plaintiff Fact Sheet:*

- A. All non-privileged documents you reviewed that assisted you in the preparation of your answers to the Short-Form Complaint or this Plaintiff Fact Sheet.

***[Click here to select your answer.]***

- B. All educational records pertaining to you that are related to disciplinary actions or the symptoms, side effects, or injuries (including mental, psychological, or psychiatric injuries, if any) you are claiming during the Relevant Time Period.

***[Click here to select your answer.]***

- C. All medical, billing, insurance (including but not limited to your Explanation of Benefits), or other records and/or other documents relating to your use of Defendants' platforms, or the symptoms, side effects, or injuries (including mental, psychological, or psychiatric injuries, if any) you are claiming.

***[Click here to select your answer.]***

- D. All records of expenditures that you contend are attributable to your alleged injury.

***[Click here to select your answer.]***

- E. All documents or materials in your possession relating to your physical or mental condition, or the symptoms, side effects, or injuries (including mental, psychological, or psychiatric injuries, if any) you are claiming.

***[Click here to select your answer.]***

- F. All diary entries; journal entries; notebook entries; posts on social media platforms (including tweets) other than Facebook, Instagram, Snapchat, TikTok, or YouTube; or posts on chat rooms, blogs, message boards, and online support groups made during the Relevant Time Period in which you have discussed the injuries you are claiming.

***[Click here to select your answer.]***

- G. If you are making a claim for lost wages or lost earning capacity, your W-2s from the time you were fourteen through today, for each year you have filed a tax return.

***[Click here to select your answer.]***

- H. If you have been the claimant or subject of any Social Security or other disability proceeding related to the injuries you are claiming, all documents in your possession relating to such proceeding.

*[Click here to select your answer.]*

- I. For deceased plaintiffs, the death certificate of the person who died and any certificate or letters of administration that establish the authority of the Representative bringing this lawsuit on behalf of the person who died.

*[Click here to select your answer.]*

**XVII. DECLARATION**

I declare under penalty of perjury that, at the time I completed this Plaintiff Fact Sheet, all of the information provided is true and correct to the best of my knowledge, that I have supplied all the documents requested in this Plaintiff Fact Sheet, to the extent that such documents are in my possession, custody, or control, and that I have supplied the applicable Authorizations attached to this declaration.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_  
(Plaintiff or person authorized to sign)

On behalf of \_\_\_\_\_  
(if applicable): (Minor)

**META APPENDIX**



**UNITED STATES DISTRICT COURT**  
**NORTHERN DISTRICT OF CALIFORNIA**  
**OAKLAND DIVISION**

IN RE: SOCIAL MEDIA ADOLESCENT  
ADDICTION/PERSONAL INJURY  
PRODUCTS LIABILITY LITIGATION,

MDL No. 3047

Case No. 4:22-MD-03047-YGR

**PLAINTIFF FACT SHEET**

This Document Relates to:

Full Name of Plaintiff (First, Middle, and Last):

Case Caption and Civil Action No.:

**PLAINTIFF FACT SHEET – Appendix for Meta**

**Complete the following questions only if you have named Meta as a defendant.**

**A. Facebook**

1. Identify whether you have used or encountered the following Facebook features, and state whether you contend that this feature contributed to your injuries:

<b>Feature</b>	<b>Have you used or encountered this feature?</b>	<b>Do you contend that this feature contributed to your injuries?</b>
Accounts to Follow	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Discover	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Facebook Chat/Messenger	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Facebook Live	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

<b>Feature</b>	<b>Have you used or encountered this feature?</b>	<b>Do you contend that this feature contributed to your injuries?</b>
Facebook/Messenger Kids	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
“For you”	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Geotags	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Groups You Should Join	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
“Infinite scrolling”	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Like/Reactions	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Newsfeed	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Notifications	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
People You May Know	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Reels	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Stories	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Vanish Mode	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Video auto-play	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Watch	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Other feature you contend contributed to your injuries (specify):	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

Feature	Have you used or encountered this feature?	Do you contend that this feature contributed to your injuries?

2. Select all of the following categories of material that you saw on Facebook, and provide the related information:

Material	Have You Seen This Material on Facebook?	How Often Did You See This Material on Facebook?
Body image comparison	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Eating disorders	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Self-harm or suicide	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Violence	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Drugs	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

3. Select any of the following experiences you allege happened to you on Facebook, and provide the related information:

Experience	Have You Had This Experience on Facebook?	How Often Did You Have This Experience on Facebook?
Bullying	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Sexual Grooming	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Sextortion	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

Receipt or transmission of sexually explicit media	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Receipt of unsolicited, inappropriate contact from an adult, when you were under 18	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

B. Instagram

1. Identify whether you have used or encountered the following Instagram features, and state whether you contend that this feature contributed to your injuries.

<b>Feature</b>	<b>Have you used or encountered this feature?</b>	<b>Do you contend that this feature contributed to your injuries?</b>
“Because you watched”	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Explore	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Feed	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Filters	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Hashtags	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
IGTV	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
“Infinite scrolling”	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Instagram Direct	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

<b>Feature</b>	<b>Have you used or encountered this feature?</b>	<b>Do you contend that this feature contributed to your injuries?</b>
Instagram Live	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Likes/Reactions	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Notifications	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Offline mode	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Photo Bomb	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Reels	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Saved	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Stories/Story Reactions	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Suggested for you	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Vanish Mode	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
View count	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Viewing when others are active or were recently active	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Other feature you contend contributed to your injuries (specify): _____	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

2. Select all of the following categories of material that you saw on Instagram, and provide the related information:

<b>Material</b>	<b>Have You Seen This Material on Instagram?</b>	<b>How Often Did You See This Material on Instagram?</b>
Body image comparison	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Eating disorders	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Self-harm or suicide	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Violence	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Drugs	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

3. Select any of the following experiences you allege happened to you on Instagram, and provide the related information:

<b>Experience</b>	<b>Have You Had This Experience on Instagram?</b>	<b>How Often Did You Have This Experience on Instagram?</b>
Bullying	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Sexual Grooming	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Sextortion	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Receipt or transmission of sexually explicit media	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Receipt of unsolicited, inappropriate contact from an adult, when you were under 18	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

**SNAP APPENDIX**

**UNITED STATES DISTRICT COURT**  
**NORTHERN DISTRICT OF CALIFORNIA**  
**OAKLAND DIVISION**

IN RE: SOCIAL MEDIA ADOLESCENT  
 ADDICTION/PERSONAL INJURY  
 PRODUCTS LIABILITY LITIGATION,

MDL No. 3047  
 Case No. 4:22-MD-03047-YGR

**PLAINTIFF FACT SHEET**

Full Name of Plaintiff (First, Middle, and Last):

\_\_\_\_\_  
 This Document Relates to:

Case Caption and Civil Action No.:  
 \_\_\_\_\_

**PLAINTIFF FACT SHEET – Appendix for Snap**

**Complete the following questions only if you have named Snap as a defendant.**

- A. Identify whether you have used or encountered the following Snapchat features, and state whether you contend that this feature contributed to your injuries.

<b>Feature</b>	<b>Have you used or encountered this feature?</b>	<b>Do you contend that this feature contributed to your injuries?</b>
Sending or receiving Chats or Snaps	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Using lenses and filters	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Communicating with other users via voice or video calling	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Posting Stories	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Checking and/or monitoring your Story views	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>



<b>Feature</b>	<b>Have you used or encountered this feature?</b>	<b>Do you contend that this feature contributed to your injuries?</b>
Viewing others' Stories	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Viewing content on Spotlight	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Posting content on Spotlight	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Viewing content on Discover	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Checking and/or monitoring your Spotlight content views	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Using Snap Map	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Maintaining and/or monitoring Snap Streaks	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Monitoring your Snapscore	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Viewing your Trophies or Charms	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Adding friends via Quick Add	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Saving Snaps to My Eyes' Only	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Using Stickers	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Using SnapKidz	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Sending or receiving Snapcash	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Use of the add all button	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

- C. **Interactions with Other Users on Snapchat.** Did you access a controlled substance on Snapchat?

*[Click here to select your answer.]*

1. If you exchanged messages with another user regarding obtaining a controlled substance, fill out the following table for each occurrence (copy as many rows as needed):

Approximate Date of Interaction	Did You Know the Person Before This Interaction?	How Did You and the Person Connect on Snapchat?
<i>[Click or tap to enter a date.]</i>	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

- D. Select any of the following experiences you allege happened to you on Snapchat:

Experience	Have You Had This Experience on Snapchat?
Bullying	<i>[Click here to select your answer.]</i>
Sexual Grooming	<i>[Click here to select your answer.]</i>
Sextortion	<i>[Click here to select your answer.]</i>
Receipt or transmission of sexually explicit media	<i>[Click here to select your answer.]</i>
Receipt of unsolicited, inappropriate contact from an adult, when you were under 18	<i>[Click here to select your answer.]</i>

## **TIKTOK APPENDIX**

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
OAKLAND DIVISION**

IN RE: SOCIAL MEDIA ADOLESCENT  
ADDICTION/PERSONAL INJURY  
PRODUCTS LIABILITY LITIGATION,

MDL No. 3047

Case No. 4:22-MD-03047-YGR

**PLAINTIFF FACT SHEET**

\_\_\_\_\_  
This Document Relates to:

Full Name of Plaintiff (First, Middle, and Last):

Case Caption and Civil Action No.:

**PLAINTIFF FACT SHEET – Appendix for TikTok**

**Complete the following questions only if you have named TikTok as a defendant.**

- A. Identify whether you have used or encountered the following TikTok features, and state whether you contend that this feature contributed to your injuries:

<b>Feature</b>	<b>Have you used or encountered this feature?</b>	<b>Do you contend that this feature contributed to your injuries?</b>
For You Page (FYP)	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
TikTok Live	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
TikTok Now	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Duet	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Find Friends / People You May Know	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Stories	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Direct Messaging	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Filters	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
“Likes”	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Created content	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Uploaded videos	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Gift	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Family Pairing	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Screen Management tools (e.g., setting time limits)	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Other feature you contend contributed to your injuries (specify): _____	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

E. Select all of the following categories of material that have been presented to you on TikTok:

<b>Material</b>	<b>Have You Seen This Material on TikTok?</b>	<b>How Often Did You See This Material on TikTok?</b>
Body image comparison	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

<b>Material</b>	<b>Have You Seen This Material on TikTok?</b>	<b>How Often Did You See This Material on TikTok?</b>
Eating disorders	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Violence	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>
Drugs	<i>[Click here to select your answer.]</i>	<i>[Click here to select your answer.]</i>

F. Select any of the following experiences you allege happened to you on TikTok:

<b>Experience</b>	<b>Have You Had This Experience on TikTok?</b>
Bullying	<i>[Click here to select your answer.]</i>
Sexual Grooming	<i>[Click here to select your answer.]</i>
Sextortion	<i>[Click here to select your answer.]</i>
Receipt or transmission of sexually explicit media	<i>[Click here to select your answer.]</i>

## **YOUTUBE APPENDIX**

**UNITED STATES DISTRICT COURT**  
**NORTHERN DISTRICT OF CALIFORNIA**  
**OAKLAND DIVISION**

IN RE: SOCIAL MEDIA ADOLESCENT  
 ADDICTION/PERSONAL INJURY  
 PRODUCTS LIABILITY LITIGATION,

MDL No. 3047  
 Case No. 4:22-MD-03047-YGR

**PLAINTIFF FACT SHEET**

Full Name of Plaintiff (First, Middle, and Last):

This Document Relates to:

Case Caption and Civil Action No.:

**PLAINTIFF FACT SHEET – Appendix for YouTube**

**Complete the following questions only if you have named YouTube as a defendant.**

- A. Indicate whether you have engaged with the following YouTube features (check all that apply), and, if applicable, the approximate frequency of doing so.

<b>Feature</b>	<b>Have you used or encountered this feature?</b>	<b>Do you contend that this feature contributed to your injuries?</b>
Watching a video with Autoplay disabled	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Watching a video through YouTube Kids (rather than through the regular YouTube website or app)	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liking or disliking a video	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commenting on a video or responding to a comment on a video	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No



Feature	Have you used or encountered this feature?	Do you contend that this feature contributed to your injuries?
Clicking on a hyperlink within a video description or a comment posted to a video	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Viewing YouTube Shorts	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using Super Chat	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Using Super Stickers	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Uploading videos to YouTube	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participating in a user survey promoted by YouTube	<i>[Click here to select your answer.]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please complete the following questions only if you have watched videos on YouTube.**

**B. Viewing Content on YouTube**

- To the best of your ability, please estimate how often you watch videos on YouTube without logging in with a YouTube account:

Average Number of Minutes Per Day	Average Number of Times Accessed Per Day

- To the best of your ability, please estimate how often you watch videos on YouTube while using incognito or private mode on your web browser:

Average Number of Minutes Per Day	Average Number of Times Accessed Per Day

- |  |  |
|--|--|
|  |  |
|--|--|
3. Has your parent, legal guardian, or any other person ever used any of YouTube's parental control features for your YouTube account(s)?

***[Click here to select your answer.]***

- (a) **If yes:** Specify whether your parent, legal guardian, or any other person ever used the following parental control features:

- (i) Family Link  
Yes ☐ No ☐ I don't know ☐
- (ii) Supervised experience  
Yes ☐ No ☐ I don't know ☐
- (iii) Disable search feature  
Yes ☐ No ☐ I don't know ☐
- (iv) Disable watch history feature  
Yes ☐ No ☐ I don't know ☐
- (v) Review search history  
Yes ☐ No ☐ I don't know ☐
- (vi) Review watch history  
Yes ☐ No ☐ I don't know ☐
- (vii) Block content or channels  
Yes ☐ No ☐ I don't know ☐
- (viii) Adjust content rating settings  
Yes ☐ No ☐ I don't know ☐
- (ix) Turn on watchtime limits  
Yes ☐ No ☐ I don't know ☐
- (x) Only parent-approved content viewable  
Yes ☐ No ☐ I don't know ☐
- (xi) Make user information private  
Yes ☐ No ☐ I don't know ☐
- (xii) Disable personalized advertisements  
Yes ☐ No ☐ I don't know ☐

